This initial notification information is required by Section 103(c) of the Compre-

Please type or print in ink. If you need additional space, use separate sheets of



Agency

United Stores Environment Procession

	hensive Environmental Response, sation, and Liability Act of 1980 a be mailed by June 9, 1981.	, Compen- and must	which applies. 8 (06 0	9		45440 <u>8</u>	
			01 7	7208	OH5-	-000-00	1-201	
4	Person Required to Notify:			,				
	Enter the name and address of the person		Name Hobart Brothers Company					
	or organization required to notify.		Street 6.00 We	st Main	Street			
			City Trov			State Ohio	Zip Code 4537	3
			<u></u>					<u>-</u>
En	ite Location:		Name of Site I	andfill				
	Enter the common name (if know actual location of the site.	n) and	/			<u> </u>		
_	48/070227	y			•		AE 2 7 2	
21	40004279337	·	City Troy	County	Miami	State Ohio	Zip Code 45373	with the ion 3001 ous waste Enter the copy of doby the site
2	Person to Contact:		Name (Last, First and Titl	al –	m ! 1	1 Danidan	L Tamal Cou	
	Enter the name, title (if applicable), and business telephone number of the person		Marie (Last, 11/3) and 11(1	Berry	<u>, Richar</u>	d, Residen	t <u>regar cou</u>	nse.
	to contact regarding information		Phone	(513)	837 - 342	4		vith the on 3001 us waste Enter the copy of diby the site
	Subitified bit this form.	ubmitted on this form.						
)	Dates of Waste Handling:							ar with the ection 3001 rdous waste A. Enter th. A copy of ined by ich the site
	Enter the years that you estimate	waste	approx	۲.	appro	X.		
	reatment, storage, or disposal began and ended at the site.		From (Year) 1974	To (Year	19_79_			
	ended at the site.							
			·					
Ξ	Waste Type: Choose the optio	n you pr	efer to complete					
	Option I: Select general waste ty			Option 2	2: This option	is available to pe	rsons familiar witl	h the
yo		ou do not know the general waste types or neouraged to describe the site in Item I—D			e Conservations (40 CFR F		act (RCRA) Section	3001
	General Type of Waste:	Source	of Waste:	Specific	Type of Was	ste [.]		ar with the ection 3001 rdous waste A. Enter th. A copy of ined by ich the site
	Place an X in the appropriate	Place an	X in the appropriate	EPA has	assigned a f	our-digit number	to each hazardous	
	boxes. The categories listed overlap. Check each applicable	boxes.					3001 of RCRA. En exes provided. A co	
	category.						can be obtained b	
				located.	ig the EFA N	egion serving the	State in winch the	s Sile
	1. ☐ Organics	1. D Mi	J					
	2. \(\overline{	2. □ Co 3. □ Te:	nstruction					
	4. Pesticides	3. □ Te:						_
	5. 员 Heavy metals		per/Printing					_
	6. □ Acids		ather Tanning					
	7. 🖳 Bases		n/Steel Foundry			ļ		
	8. □ PCBs		emical, General					_
	9. Mixed Municipal Waste		ating/Polishing					
	10. ☐ Unknown		litary/Ammunition					_
	11. Other (Specify)		ectrical Conductors					
-	E Girls (openin)		ansformers					
			ility Companies	1			<i>c</i>	
			nitary/Refuse				ss of the p	rıma
		15. 🗆 Ph	· ·			ater standa	ards.	
T)	esting has indicated		b/Hospital		00071	3 JUN -981		
t	hat no significant	17 D Un	•		011	0 2011 -3 81		

Form Approved OMB No. 2000-0138 EPA Form 8900-1

leaching of hazardous

substances to ground water was occurring,

electrode manufacture

JUN 1 1 1981

with the exception of one well which showed...

17. 🗆 Unknown

18. 図 Other (Specify)

Notifia்ரிற்ற ஓf Hazardous Waste Site	Side Two	<u>.</u> ^\			
Waste Quantity:	Facility Type	I Facility Waste Amount			
Place an X in the appropriate boxes to indicate the facility types found at the site.	□ Piles □ Land Treatment	cubic feet 5400 Ft.			
In the "total facility waste amount" space	3. 🖫 Landfill	gallons			
give the estimated combined quantity (volume) of hazardous wastes at the site	4. 🗆 Tanks	Total Facility Area			
using cubic feet or gallons.	 5. □ Impoundment 6. □ Underground Injection 	square feet			
In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	7. Drums, Above Ground 8. Drums, Below Ground 9. Other (Specify)	acres 1/4 acre			
Known, Suspected or Likely Releases					
Place an X in the appropriate boxes to indicate or likely releases of wastes to the environmental process.	ate any known, suspected,	☐ Known ☐ Suspected ☐ Likely 💆 None			
Note: Items Hand I are optional. Completin hazardous waste sites. Although completing	ng these items will assist EPA and State the items is not required, you are en	e and local governments in locating and assessing acouraged to do so.			
Sketch Map of Site Location: (Option	al)				
Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.					
	·				
	•	•			
		-			
		•			
Description of Site: (Optional)					
Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.					
		•			
	•				
Signature and Title:	Dichard C. Dave				
The person or authorized representative (such as plant managers, superintendents,	Name Richard C. Berry	☐ Owner, Present			
trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address	Street 6.0.0 West Main Str				
in item A). For other persons providing notification, the signature is optional.	City Troy State	O. Zip Corte 45373			
Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify 10 to 10.00 trill.	son Michard Buy	0 Other			

	LIQ MOWIEU	가장하다 사용하다 가지가 되는 그 전에서 가득하다. 그리고 있는 그는 그는 그는 것은 사람이 전하고 말했다. 한 바람이 없는 다음이 되었다.	1 - 하나가 :				
0 4	13000	001201 Ilohant Br	m. Co.				
COUNTYN,	ADDRESS	CITY	STATE ADDREV. ZIP CODE				
•							
CONTACT	PEUSON'S NAMENTI		TELEPHONE NUMBER (INCLUDE ARLA CODE				
		CONTACT RECORD					
DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION					
7-30	care	Site location revie	red				
·····							
-							
•							

